DOCUMENT RESUME

ED 150 469 CG 012 127

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TITLE Use of a Quick Personal Inventory Scale to Help in the Addiction Treatment Process.
PUB DATE 12 May 77
NOTE 21p.; Not available in hard copy due to marginal legibility

EDRS PRICE MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS *Alcoholism; Behavior Problems; *Biographical Inventories; *Counseling; *Drug Addiction; Life Style; Patients (Persons); Program Descriptions; Socially Deviant Behavior; *Therapy
IDENTIFIERS *Quick Personal Inventory Scall (Danic)

ABSTRACT

This paper discusses a treatment approach to addiction counseling which emphasizes the need for information in the areas of major life problems, problem-causing behaviors, early family experiences, and self-esteem or self-image. This treatment process is outlined. The Danic Quick Personal Inventory Scale is presented in a sample case study. Advantages of using the scale are listed. The author's general beliefs on the counseling process are discussed. Sample Daily Diary and Goals sheets are included. (Author/JLL)

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USE OF A QUICK PERSONAL INVENTORY SCALE TO HELP IN THE ADDICTION TREATMENT PROCESS

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by

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May 12th, 1977

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USE OF A QUICK PERSONAL INVENTORY SCALE TO HELP IN THE ADDICTION TREATMENT PROCESS

In doing addiction counselling, I gradually developed a treatment process which is (1) short term (usually 4 to 5 weeks, at one hour per week), (2) fairly highly structured as far as information gathering and goal setting, (3) sometimes, fairly directing, i.e. I tell people exactly what I expect from them, and (4) has high emphasis on quick results.

For this process to succeed, I need to get information as quickly and as accurately as possible into the following areas:

(1) What are the main problems in the person's life, e.g. drinking, trouble with the law, family fights, etc.
(2) What kind of specific behaviours or lack of behaviour causes problems for the person, e.g. inability to communicate, etc.
(3) What are early family (childhood) experiences which are causing problems with present behaviour.
(4) What is person's self-esteem or self-image (is it low or high?)

I believe that in most cases of addiction counselling, there is a reluctance on the part of the client to open up. Defensiveness and cover-up have become a life style for this person because of the nature of their problem and the many stigmas that still surround the use of the addicting substance. It is not easy to admit to addicting behaviour, since the person is then admitting also their weakness and inability to be successful at living.

Also, there is a uniqueness about people who have a problem of addiction. While there are always similarities from one person to the next, in their resulting behaviour, the causes of the dysfunctional behaviour are very different from one person to the next. Thus, this uniqueness makes it hard at times to define all the variables in that person's life.

I find that the role of the addiction counsellor is very much like that of a detective, trying to get all of the clues to a case, so that he can establish "who did it".

Another way of looking at the problem is similar to the role of an industrial engineer who is trying to find out what caused production to fall way below normal. The engineer must look at the total system, study all the parts that make it up and establish which part is causing the problem. Sometimes it is not a part failure, but a new variable which has come in which was not there in the original design. The engineer must quickly determine what is wrong and then must take corrective action. In working with people who are addicted, we are also working with someone that is not performing as well as they should, a system which is way below production and try to help that system become more functional and more successful.

If the person is using a substance to the point where it is hurting the person in one or another area of their life, then the first thing that must happen is that the person gives up using the substance.

I think three main problems exist in addiction counselling:

(1) getting the person into a treatment program
(2) if the person is being hurt by the use of a drug, getting them to stop using the drug
(3) determining the causes of the addictive behaviour and getting the person to start changing and trying new forms of behaviour.

Over the year, I have adapted parts of Reality Therapy, Rogerian Therapy, Behaviour Modification, Rational Emotive Psychotherapy, Goals Charting, Value Clarification techniques and being a teacher at times. I'm not sure what exactly I am in total, but the techniques seem to be working. Sometimes I listen and I'm very accepting (using Active Listening) and at other times I become very confronting and even demanding. I have very high expectations that the person will succeed and usually the person does. Over the years, our office has success rates which range from 50% to 90%, depending on which combination of treatment programs I use.

I believe that for some people, an outpatient service lasting five weeks is enough. For others, we use a one month long inpatient treatment program. We usually get a committment from the client that if we are not successful within a reasonable length of time in our office alone, then the person must go to an inpatient treatment program, like the Donwood Institute in Toronto.

Two references to the treatment process which closely parallel what it is I do are described by Lee M. Silverstein in his article "These Guides are My Gurus" [1] and the writeup on pages 4 and 5 of David Olson's book on "Treating Relationships". [2]

The only exception to Olson's approach is in #4. Greater Reliance on Group versus Individual Approaches. I find that I work better with individuals or with couples rather than with groups of couples.

The Treatment Process

The usual treatment process in our office would involve the following steps:

Part A. Initial Exploration and Committment

1. Make the person comfortable
2. Get basic information on person
3. Find out why person is in our office
4. Find out what other major problems the person has e.g. law, family, job, etc.
5. Accept the problem and even define the problem for the person. Accept the person's feelings.
6. Confrontation of what person is and what they must do in order to get better.
7. Outline briefly the treatment process and what we are willing to do for the person.
8. Get a committment from the person to the treatment process and agreement to go to a major inpatient treatment program if the person is not successful in the first phase.

Part B. Getting all the Necessary Data

9. Start further defining the problems and the life style of the individual and their family. This is done through:

   a) The Quick Personal Inventory Scale
   b) Ten Things the Person Likes to do Best
   c) Person's Long Term Goals
   d) Person's Short Term Goals
   e) Selecting Goals to work on
   f) Redefining the Goals - go from general to specific
      - make sure goals are achievable, measurable, realistic
   g) Explain the use of Goals Chart for keeping record of progress (see copy attached)
   h) Have them start keeping a Daily Diary (see copy attached)

Part C. Practice Behaviour and Feedback

This is the ongoing process of monitoring the progress of the person, teaching the person how to do things like communicating in healthier ways, finding out how the week has gone, having person read books, checking their progress on goals they have chosen.

It is during this phase when you find out if the person is being successful or not, or if a major treatment program is necessary. Motivating the person to change behaviour is now essential and the feedback you give the person either works or doesn't work.

It is during this part that I compare the role of the therapist to that of the driving instructor. You positively reward the person with your "pats on the back" for having achieved goals or you critize the behaviour that is wrong and give the person the opportunity to practice again. In systems theory this process, if it works properly, is error reducing and over a period of time, the person either becomes a good driver or they practice some more until they do. The addictions counsellor is simply using techniques to help the person reduce the errors of living that the person has developed.

The Quick Personal Inventory Scale

What it is: The Quick Personal Inventory Scale is a scale which I devised to give me information quickly and easily. It is a thirty item scale which takes about ten minutes for the person to answer and most people do it without any great difficulty. (See Case Study for example of scale used.

Case Study: #427 G.C.

A 40 year old woman, married with three children. Her husband was a farmer. This girl's husband called me in early January of 1976 and at that time his wife was in the hospital psychiatric ward.

When I first saw her in February of 1976, she was on a combination of tranquillizers and sleeping pills. She had been going to a psychiatrist since she was 17 years old and for one period during May 1974 to May 1975, had been in the hospital for twenty weeks. She also had shock treatment during her hospitalization. You can see by her first Personal Inventory Scale, that her problem areas were many.

Her husband's results were generally positive with only a low score in the area of sex. He appeared genuine, caring, not happy about their life style, but on the other hand, went along with what was happening (a belief in the doctors). (See B.C.'s Scale)

I won't go into much detail on the process of therapy, since I have already covered that earlier.

During therapy, she was an excellent pupil, keeping her diary and her goals chart faithfully, reducing gradually her use of drugs and going to 'Recovery' meetings in addition to coming to our office.

In August, 1976, she attended the Donwood program in Toronto as a further method of gaining strength. It is interesting to note her retest in April, 1977, which shows how dramatically she had changed.

Her feelings about herself went from a 1 to a 5.

Since January of 1976 to April of 1977 she has not been in the hospital with the exception of her Donwood program.

DATE: February 9th, 1977 NAME: G.C. Case #427

THE DANIC QUICK PERSONAL INVENTORY SCALE

Please circle the number that best fits the way you feel in relation to the word or words given. Use your past experience or your present feelings as they pertain to the word or phrases.

For example, for the word "marriage", if your marriage is a very good and/or positive experience, then you would circle the number (5).

(5) 4 3 2 1

If you feel your marriage is average, you would circle (3), and if your marriage feeling or experience was/is bad, you would circle (1). You can also rate the word according to a specific time in your life.

	GOOD POSITIVE		AVERAGE		BAD NEGATIVE
1. Marriage	(5)	4	3	2	1
2. Your children	(5)	4	3	2	1
3. Finances or Money	5	(4)	3	2	1
4. Work	(5)	4	3	2	1
5. School - early years	5	4	(3)	2	1
6. School - now	5	(4)	3	2	1
7. Church/God	(5)	4	3	2	1
8. Communicating	5	4	3	(2)	1
9. Cooking	5	4	3	(2)	1
10. Discipline (self or other)	5	4	(3)	2	1
11. Love	(5)	4	3	2	1

12.	Faith	(5)	4	3	2	1
13.	Trust	5	4	(3)	2	1
14.	Sex	5	4	3	2	(1)
15.	Body	5	4	3	(2)	1
16.	Health	5	4	3	(2)	1
17.	Intelligence	5	4	(3)	2	1
18.	Emotions	5	4	3	2	(1)
19.	Friends	5	4	3	(2)	1
20.	Career	5	4	(3)	2	1
21.	Alcohol/Drugs	5	4	3	2	(1)
22.	Housework	5	4	3	(2)	1
23.	Your Childhood	5	4	3	(2)	1
24.	Your Parents (when you were young)	(5)	4	3	2	1
25.	Your Parents (now)	5	4	3	2	1
26.	Brothers & Sisters (when you were young)	(5)	4	3	2	1
27.	Brothers & Sisters (now)	5	4	3	(2)	1
28.	The Future	5	4	3	(2)	1
29.	How do you feel about yourself?	5	4	3	2	(1)
30.	How do you feel about the opposite sex?	5	4	(3)	2	1

DATE: February 9th, 1977 NAME: B.C. - Husband of G.C. #427

THE DANIC QUICK PERSONAL INVENTORY SCALE

Please circle the number that best fits the way you feel in relation to the word or words given. Use your past experience or your present feelings as they pertain to the word or phrases.

For example, for the word "marriage", if your marriage is a very good and/or positive experience, then you would circle the number (5).

(5) 4 3 2 1

If you feel your marriage is average, you would circle (3), and if your marriage feeling or experience was/is bad, you would circle (1). You can also rate the word according to a specific time in your life.

	GOOD POSITIVE		AVERAGE		BAD NEGATIVE
1. Marriage	(5)	4	3	2	1
2. Your children	(5)	4	3	2	1
3. Finances or Money	5	(4)	3	2	1
4. Work	5	(4)	3	2	1
5. School-early years	5	4	(3)	2	1
6. School-now	5	4	(3)	2	1
7. Church/God	5	(4)	3	2	1
8. Communicating	5	4	(3)	2	1
9. Cooking	5	(4)	3	2	1
10. Discipline (self or other)	5	4	(3)	2	1
11. Love	5	(4)	3	2	1

	POS.		AVG.		NEG.
12. Faith	5	(4)	3	2	1
13. Trust	(5)	4	3	2	1
14. Sex	5	4	3	(2)	1
15. Body	5	(4)	3	2	1
16. Health	(5)	4	3	2	1
17. Intelligence	(5)	4	3	2	1
18. Emotions	5	(4)	3	2	1
19. Friends	5	4	(3)	2	1
20. Career	5	(4)	3	2	1
21. Alcohol/Drugs	5	4	3	(2)	1
22. Housework	5	4	(3)	2	1
23. Your Childhood	5	(4)	3	2	1
24. Your Parents (when you were young)	5	(4)	3	2	1
25. Your Parents (now)	5	(4)	3	2	1
26. Brothers & Sisters (when you were young	5	4	(3)	2	1
27. Brothers & Sisters (Now)	5	4	(3)	2	1
28. The Future	5	4	(3)	2	1
29. How do you feel about yourself?	5	(4)	3	2	1
30. How do you feel about the opposite sex?	5	(4)	3	2	1

DATE: April, 1977 NAME: G.C. Case #427

THE DANIC QUICK PERSONAL INVENTORY SCALE

Please circle the number that best fits the way you feel in relation to the word or words given. Use your past experience or your present feelings as they pertain to the word or phrases.

For example, for the word "marriage", if your marriage is a very good and/or positive experience, then you would circle the number (5).

(5) 4 3 2 1

If you feel your marriage is average, you would circle (3), and if your marriage feeling or experience was/is bad, you would circle (1). You can also rate the word according to a specific time in your life.

	GOOD POSITIVE		AVERAGE		BAD NEGATIVE
1. Marriage	(5)	4	3	2	1
2. Your children	(5)	4	3	2	1
3. Finances or Money	5	(4)	3	2	1
4. Work	5	(4)	3	2	1
5. School - early years	5	4	3	(2)	1
6. School - now	(5)	4	3	2	1
7. Church/God	5	(4)	3	2	1
8. Communicating	5	(4)	3	2	1
9. Cooking	5	(4)	3	2	1
10. Discipline (self or other)	5	(4)	3	2	1
11. Love	(5)	4	3	2	1

	POS.		AVG.		NEG.
12. Faith	5	(4)	3	2	1
13. Trust	5	(4)	3	2	1
14. Sex	5	(4)	3	2	1
15. Body	5	(4)	3	2	1
16. Health	5	(4)	3	2	1
17. Intelligence	5	(4)	3	2	1
18. Emotions	5	(4)	3	2	1
19. Friends	5	(4)	3	2	1
20. Career	5	(4)	3	2	1
21. Alcohol/Drugs	5	(4)	3	2	1
22. Housework	5	(4)	3	2	1
23. Your Childhood	5	4	(3)	2	1
24. Your Parents (when you were young)	(5)	4	3	2	1
25. Your Parents (now)	5	4	(3)	2	1
26. Brothers & Sisters (when you were young)	5	4	(3)	2	1
27. Brothers & Sisters (now)	5	4	(3)	2	1
28. The Future	5	(4)	3	2	1
29. How do you feel about yourself?	(5)	4	3	2	1
30. How do you feel about the opposite sex?	(5)	4	3	2	1

Advantages of Using the Scale

1) It can be done quickly and easily by most people.
2) It immediately identifies problem areas in a systematic way.
3) It gives a quick and easy measure of self-esteem, i.e. if the person scores mostly 1 and 2 for the test items, a low self-esteem is indicated. (I have no measures of reliability for this since I believe the self-image is very difficult to quantify).
4) It gives us something definite to start talking about.
5) In counselling couples, you can find areas of disagreement easily and then explore these with the couple.
6) It sometimes indicates where a person has an unrealistic view of themselves, i.e. they score high but have many problems or the spouse has scored low in the same area.
7) It can be used to show the person their problem areas.
8) It can be used to show a person their progress over a period of time.
9) The Scale helps a person to open up when they have difficulty in admitting the truth or they are simply not very talkative people.
10) It also helps a person to understand what effect their past has had on them. Usually we uncover negative programming on the part of parents and this can be explained to the person.

I find that once people can understand their behaviour and can understand some of the reasons why they are acting as they do, they have more power to control their present behaviour. Knowledge gives the person power, especially when that knowledge is coupled with an emphasis on doing the right things now.

Sometimes the scale does not work very well or isn't needed. When a person opens up quickly and easily, you may find you have already covered most of the items that matter. Some people misunderstand the terms and make mistakes in answering. Generally, however, I find the scale has helped me in the counselling process.

General Beliefs on the Counselling Process

It involves my value system and my beliefs and my feelings and I let people know what these are at times.

I use a lot of comparisons and examples to explain things. For instance, I explain that the use of tranquillizers is like putting a blanket over a car motor that is faulty, so you don't hear the noise.

I do a lot of teaching about healthy communications
responsible behaviour
what love is
need for goals and purpose in life
what kinds of behaviour cause problems

I confront people alot - about being passive in nature, or hostile and aggressive
poor communicators
selfish
not wanting to get better (enjoying being sick) etc.

For the counselling process to be successful, I must be honest with the people who come to me.

Conclusions

In therapy, we try to apply the same model and techniques to each individual. That is part of my comfort area in carrying out the treatment process. However, not all people have the kind of characteristics that best fit our models. For instance, a five week outpatient program is not always successful. I found that in certain cases, I have seen people over a three year period. Some would need psychiatric counselling, some would need to have tranquillizers. In the case of some severely pathological cases, a one month inpatient program should really be a six month inpatient program.

The use of the Quick Personal Inventory Scale has helped me in the majority of cases, and I have yet to see where anyone could be hurt by using it. Since it is a tool that I use, it requires that I develop methods of using it. What might work for me, may not work for another therapist. I would think the scale could be useful in any type of counselling situation, be it addiction, marital, etc. The scale itself is only of value when it fits into the total counselling process. Without the other exercises that the client does, the scale alone would not be enough. Together, it is a very useful tool.

REFERENCES

1. Silverstein, Lee M. These Guides are My Gurus.
Addictions, Spring 1977. Addiction Research Foundation of
Ontario, Page 2 - 21

2. Olson, David H.L. Treating Relationships.
Graphic Publishing Company Inc. Lake Mills, Iowa
Pages 4 & 5

DAILY DIARY

Each day fill in the following:

Date: _____

Remarks:

What things upset me?

What or who was the cause?

How did I react?

If unhappy or bothered by anything or anyone, write down how it started, how you felt, how you reacted.

What did you do about it?

Did the situation get cleared up satisfactorily or does it still bother you?

What things made you feel good?

What things was I anxious or worried about?

What things frustrated me or made me very angry?

If you have gone through the whole day without an entry, try to fill in a general remark on what kind of day it was.

MONTHS

DATE:

GOALS		MAY 7	MAY 14	MAY 21	MAY 28						REMARKS
1. STOP DRINKING	+	✓		✓	✓						
	0										
	−		✓								
2. IMPROVE COMMUNICATION IN FAMILY 1. TALK 15 MIN PER DAY 2. GO FOR WALKS TOGETHER.	+	✓	✓	✓	✓						
	0										
	−										
3.	+										
	0										
	−										
4.	+										
	0										
	−										
6.	+										
	0										
	−										
6.	+										
	0										
	−										
7.	+										
	0										
	−										